

# EXHIBIT 4

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THE UPS STORE

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PAGE 618 \* RCVDT AT 4/4/2022 3:08:43 PM (Eastern Daylight Time) \* SVR:ITS94PW9EFAX37 \* DNS:51645/7300 \* CSID:7168257163 \* ANI:7168257163 \* DURATION (mm:ss):04:52

**Request for COVID-19 Vaccination Based on Medical Reasons**  
**COVID-19 Vaccine Medical Exemption Form**

Overall, Park requires that the employee, health care provider or certified nurse practitioner submit certification that the COVID-19 vaccination was declined based on the reason of the staff member based upon a pre-existing condition. The nature and duration of the medical exemption must be consistent with generally accepted medical standards, with the recommendations of the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services. This section must be completed by the health care provider based on the employee's request for reasonable accommodation form.

Signature of Health Care Provider: [Signature]  
 Date: 2/8/2022

**Contraindication**

Provider's Initials	Contraindication
	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
	Immediate allergic reaction of any severity after a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine

**Precautions**

Provider's Initials	Precautions	Additional Information
	Current or recovering from SARS-CoV-2 infection	Regular follow-up to Roswell Park Employee Benefits Office will be required from the provider.
	A known SARS CoV-2 exposure < 14 days prior	Expected date clearance period will end: <u>                    </u>
	Received monoclonal antibodies or convalescent plasma for COVID-19 treatment < 90 days prior	Date of monoclonal antibodies or convalescent plasma: <u>                    </u>
	Immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., "allergy shots"])	Risk assessment for an allergic immunologist may be required.
	History of myocarditis or pericarditis, or myocarditis or pericarditis after receipt of the first dose of an mRNA COVID-19 vaccine series but before administration of the second dose	Regular follow-up to Roswell Park Employee Benefits Office will be required from the provider.

The staff member and their health care provider has based the request on a condition not reflected above, please specify:

Idiopathic arthritis; Proximal myopathy

**MEDICAL PROFESSIONAL INFORMATION**

Name (print): Nadia Polataiko, M.D. Signature: [Signature]  
 Phone Number: (716) 447-6450 Date: 10/13/2021  
 Facility Name / Street Address / City / State: Ken-Ton Family care center  
Ken-Ton Care Center  
2625 Delaware Avenue, Ste 124  
Buffalo, NY 14216

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